**FORM CHECKLIST FOR PARENTS/GUARDIANS**

 To be fully informed, all parents/guardians should review The Open School Parent Handbook prior to completing any required or optional forms. If any parent/guardian has questions or concerns about any form, please contact the Director.

 ALL PARENTS/GUARDIANS ARE ***REQUIRED*** TO COMPLETE THE FOLLOWING FORMS AND RETURN THEM TO THE DIRECTOR ***BEFORE*** THE FIRST DAY THEIR CHILD WILL ATTEND THE OPEN SCHOOL.

** Tuition Agreement**

** Waiver of Legal Liability and Indemnity Agreement**

** Student Profile and Background Information**

** Permission Slip for Field Trips (please complete all three sections)**

** Consent for Emergency Treatment**

** Allergy or Dietary Needs/Restrictions**

** Child Release to Non-Parent (must be completed any time someone other than the child’s parent/guardian will be picking that child up from school)**

** Permission Slip for Use of Sunscreen and/or Insect Repellent**

** Photograph Permission Slip**

** Website/Social Media/Public Photograph Permission Slip**

** Tell Us More**

** Volunteer Application and Agreement**

** Acknowledgement of Receipt of The Open School Parent Handbook**

** Medication Administration (Optional – as needed only)**

** Parent/Guardian/Teacher/Board Communication (Optional – as needed only)**

**Also required:**

** Certified Copy of Vaccinations/Immunizations** (initial, and then updated annually/as received)

** Copy of Child’s Birth Certificate (if not previously provided)**

** Enrollment Fee to reserve spot ($60 school year, $30 summer)**

**TUITION AGREEMENT 2025-2026**

I have read and agree to abide by the terms and conditions of The Open School Tuition Policy located in *The Open School Parent Handbook*. I understand tuition is a lump sum amount, payable at the specified rate in monthly installments. I remain obligated to pay the monthly installments regardless of vacation periods, sick days, conference days, early withdrawal, or a decision to withdraw my child prior to the last scheduled day. I must give The Open School 30 days’ written notice of my intent to remove my child from the school or lower my tuition package or I will be financially responsible for that 30-days period. Payments not received by the 10th day of the month will be assessed a 5 % late fee (finance charge) of that month’s tuition for the first 2 days payment is late and a 12% late fee after that if payment is still not received. Any checks returned for insufficient funds will be assessed a $30.00 return check fee. The Open School also will charge 21% interest for any tuition that remains unpaid after the end of the month for which it was due and for each month thereafter. If I fail to pay in accordance with the Tuition Policy, I am obligated to pay all reasonable costs of collection and/or enforcement of the tuition policy, including costs and reasonable attorney’s fees. Any student whose tuition is not paid by the 15th of the month will not be allowed to continue at The Open School until the account is paid in full or payment arrangements have been made with the Director.

|  |  |  |  |
| --- | --- | --- | --- |
| **Enrollment** | **Sessions/times** | **Monthly Tuition** | **Select one package ✓** |
| Full-time: 5 Full DaysWith before/after school care | 7:20 a.m. to 5:30 p.m.(Sessions I through V) | **$895** |  |
| Full-time:5 Full DaysWithout before/after school care | 8:30 a.m. to 3:00 p.m.(Sessions II, III, and IV) | **$735** |  |
| Part-time:3 Full Days Without before/after school care***Indicate which days you prefer:*** | 3 days: 8:30 a.m. to 3:00 p.m.(Sessions II, III, and IV) | **$640** |  |
| Part-time:5 Half DaysMonday-Friday***Indicate which session you prefer:*** | 8:30 a.m. to 11:30 a.m. (Session II)***OR***12:30 p.m. to 3:00 p.m. (Session IV) | **$470** |  |
| Part-time 4 Half DaysMonday-Thursday | 8:30-11:30 a.m.**Minimum package for** **Transitional Kindergarten**(Also available for Preschool and PreK)(Session VI) | **$400** |  |
| Part-time:3 Half Days***Indicate which days/sessions you prefer:*** | 3 Days: 8:30 a.m. to 11:30 a.m. (Session II) ***OR*** 3 Days: 12:30 p.m. to 3:00 p.m. (Session IV)Preschool or Pre-Kindergarten option only | **$330** |  |
| **Custom Schedule:****(must be approved by Director)** |  |  |  |

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsible Parent/Guardian (Printed):

Address:

Work Phone: Cell/Home Phone:

Social Security #: E-mail:

Parent/Guardian Signature: Date:

Received by Director: Date:

**THE OPEN SCHOOL WAIVER OF LEGAL LIABILITY & INDEMNITY AGREEMENT**

I, , (Name of Parent/Legal Guardian), in consideration of my child being permitted to participate in the services, activities, field trips, and events of The Open School, which includes the use of The Open School property, vehicles, equipment, and facilities, agree as follows:

1. I have voluntarily purchased the services offered by The Open School and my child participates in The Open School services not out of necessity but of my and my child’s own free will for our personal enjoyment and benefit.

2. I grant permission for my child

a. To participate in all of the services, activities, field trips, and events organized by The Open School;

b. To use all the play equipment owned or used by The Open School;

c. To leave the school premises under the supervision of a staff member or approved volunteer of The Open School for field trips;

d. To participate in activities involving parent or staff transportation under the supervision of a staff member or approved volunteer of The Open School.

3. My child’s participation in The Open School services, activities, field trips, and events may present risks of exposure to illness, trauma, personal injury, property damage, and/or death, whether inherent or from human conduct or negligence. In spite of these risks, I elect to enroll my child at The Open School and have my child participate in The Open School’s services, activities, field trips, and events. The Open School makes no warranty as to the fitness, suitability, or safety of the services, facilities, equipment, vehicles, or property it provides to me or my child. I realize that I am responsible for insuring my child and my child’s property for any loss.

**4. If anything happens to my child or my child’s property during The Open School’s services, activities, field trips, and events, I agree not to hold The Open School, its employees, staff, volunteers, Board of Directors, officers, or agents responsible except in cases of intentional misconduct or willful and wanton negligence**. I knowingly and intentionally waive and release The Open School along with its employees, staff, volunteers, Board of Directors, officers, or agents from any and all claims, causes of action, liabilities, suits, expenses, or damages of any kind or nature, which are in any way connected with my child’s enrollment at The Open School except in cases of intentional misconduct or willful and wanton negligence.

5. I further agree to indemnify and hold harmless The Open School and its employees, staff, volunteers, Board of Directors, officers, or agents from any and all Claims by me or my child or anyone else acting in a representative capacity for me or my child. This indemnification includes all expenses and costs associated with said Claim, including attorney’s fees.

6. I understand that if any part of this agreement is found to be unenforceable or invalid, the remainder shall remain in full force and effect.

**I HAVE READ AND UNDERSTAND AND VOLUNTARILY SIGN THIS WAIVER OF LEGAL LIABILITY & INDEMNITY AGREEMENT. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I MAKE CERTAIN PROMISES AND WAIVE CERTAIN RIGHTS, INCLUDING THE RIGHT TO SUE.**

Date Parent’s/legal guardian’s signature (SIGNATURE)

Child’s full name (PRINTED) Parent’s/legal guardian’s full name (PRINTED)

**STUDENT PROFILE & BACKGROUND INFORMATION**

Child’s Name: Age: Birth date:

Date of Enrollment: Email Address:

Child’s Current Address:

Home Telephone: Alternate Telephone Number:

Child’s Physician’s name and phone:

Child’s Dentist’s name and phone:

Child’s Health Insurance Carrier & Contact Information:

Health Insurance Policy # and Group #:

Insured’s name:

Name(s) & Date(s) of Attendance of Any Other School/Daycare that Child has Attended:

Special Medical Needs/Health Information: list any allergies, medications, vision, hearing, tubes in ears, diagnosed medical condition, speech difficulties, extended hospitalization, IEP services (individualized education plan) or other considerations:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Information**

Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Telephone:

Parent/Guardian’s Home Address:

Alternate Telephone: Email Address:

Parent/Guardian’s Employer & Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone:

Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Telephone:

Parent/Guardian’s Home Address:

Alternate Telephone: Email Address:

Parent/Guardian’s Employer & Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone:

**Emergency Contact Information**

***(Other than parents/guardians please be sure to include all Emergency Contacts on Child Release to Non-Parent Form)***

Primary Emergency Contact Name: Telephone:

Second Emergency Contact Name: Telephone:

**Parent/Guardian’s Signature: Date:**

**PERMISSION SLIP FOR FIELD TRIPS**

 **Please complete both parts.**

 **I AGREE THE “WAIVER OF LEGAL LIABILITY & INDEMNITY AGREEMENT” THAT I SIGNED WHEN I ENROLLED MY CHILD IN THE OPEN SCHOOL APPLIES TO THIS FORM IN ITS ENTIRETY. ADDITIONALLY, FOR MYSELF, AND ON BEHALF OF MY CHILD, I WAIVE AND RELEASE ANY AND ALL CLAIMS I MAY HAVE OR WHICH MAY ARISE AS A RESULT OF TRANSPORTATION OF SAID CHILD FOR ANY SPONTANEOUS AND PLANNED FIELD TRIPS AND PLANNED ACTIVITIES ARRANGED BY THE OPEN SCHOOL.**

**- PART ONE -**

 I, (Parent/Guardian’s name) give permission for my child,

 (**Child’s name**) to participate in spontaneous and planned field trips and planned activities such as gym, skating, bowling, library, art museum, swimming, and throughout the community during the school year and to be transported by the vehicles owned and operated by The Open School, including the school’s van.

Parent/Guardian’s Signature: Date:

**- PART TWO -**

According to Wyoming Statute § 31-5-1303(a), when students under the age of 9 are transported in private vehicles, they are required to be properly secured in a child safety restraint system. The Open School will provide child safety restraining systems when students are transported in the Open School van.

**In order for The Open School to understand which type of child safety restraint system is best for your child, please indicate his/her current height/weight range:**

My child, \_\_\_, weighs \_\_\_\_\_ pounds and is \_\_\_\_\_\_\_ tall.

Parent/Guardian’s Signature: Date:

**CONSENT FOR EMERGENCY TREATMENT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of Parent/Guardian), hereby voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment, and blood transfusions, by medical doctors, hospitals or their authorized designees, as may in their professional judgment be necessary to provide for the medical, surgical or emergency care of my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of Child).

I further give my consent to The Open School, including its staff, teachers, volunteers, or parent-sponsors to arrange for emergency medical and/or dental care and treatment necessary to preserve the health of my child. In the event that my child is injured or ill while under the care of The Open School, I hereby give permission to The Open School to execute any requisite authority or release for the administering of medical treatment, surgery, or assistance, all on behalf of my child; to provide first aid for said child; and to take the appropriate measures, including contacting the Emergency Medical Service (EMS) system and arranging for transportation to the nearest emergency medical facility.

In making medical decisions on my behalf for the benefit of my child, I direct that The Open School attempt to contact me. However, if medical care becomes essential, I give permission to The Open School to make such decisions regarding such treatment as deemed appropriate by the medical doctor, hospital, or their authorized designee. In furtherance of any treatment decisions to be made by The Open School on my behalf for the benefit of my child, I authorize The Open School to request, obtain, review, and inspect any and all information bearing upon my child’s health and relevant to any such decisions to be made respecting such treatment.

I acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on the condition of my child and that I am responsible for all reasonable charges in connection with the care and treatment rendered to my dependent during this period. I agree the “Release of Legal Liability & Indemnity Agreement” that I signed when I enrolled my child in The Open School applies to this form.

Signature of Parent/Guardian Date

Parent/Guardian (printed name) Address

Telephone Number Alternate Telephone Number

Child’s Allergies Date of last tetanus booster

Medications Child is Taking

Health Insurance Carrier & Contact Information:

Health Insurance Policy # and Group #:

Insured’s Name & Social Security #:

Child’s Physician’s Name and Phone:

Child’s Dentist’s Name and Phone:

**ALLERGY AND DIETARY RESTRICTIONS**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EPI-PEN:** If your child requires an epi-pen, please contact the Director to complete the required allergy action plan form and provide the required medication upon enrollment.

Please list any of your child’s allergies and/or restrictions, with specific information. (For example, if you child cannot have dairy – does that include all products containing dairy, or just no milk products like cheese, yogurt, milk.) We would like to be able to best accommodate your child’s needs.

**Food** **Allergies**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other substance that may cause an **allergic** reaction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list your child’s food intolerances/restrictions:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If my child has an allergy or dietary restriction: I authorize that my child’s name may be posted in the classroom as a reminder to staff to prevent allergic reactions. This is especially important to keep your child as safe as possible.

Parent/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHILD RELEASE TO NON-PARENT**

I, (Name of Parent/Guardian(s)), give permission for the following person(s) to pick up my child(ren), (Names of Child(ren)) from The Open School on the following designated dates:

**Name(s) of Non-Parents Relationship to Child/Parent/Guardian Date(s) for Pick-Up**

1.

2.

3.

4.

5.

\*\*\*In addition to the above listed individuals, we also allow children to be picked up by the individuals listed as parent/guardian on the information form, unless proper legal documentation has been provided as per the handbook page 25, “Custody Issues”.

***\*\* NOTE \*\****

***Please also be sure to list on this Form any individual listed as an***

***Emergency Contact so that he/she can pick up your child in an emergency***

I agree the “Waiver of Legal Liability & Indemnity Agreement” that I signed when I enrolled my child in The Open School applies to this form.

Parent/Guardian’s signature: Date:

**PERMISSION SLIP FOR USE OF SUN-SCREEN AND/OR INSECT REPELLENT**

The Department of Family Services (DFS) requires a permission slip for the use of sunscreen and/or insect repellant on The Open School students.

Sunscreen: Various brands and SPF of sunscreen will be used. Students provide the sunscreen, which is then shared among all students.

Insect Repellent: Only “Family Style” insect repellant with a DEET concentrate no higher than 7.5% will be used.

Neosporin Ointment: Neosporin or generic brand ointment applied to scrapes/wounds.

Cortisone/Anti-Itch Creams/Ointments: as needed for itchy skin, mosquito bites

Hand lotion: as needed for dry skin/hands

Lip balms, specific creams, lotions, ointments, etc. provided by parents to be applied during the school day should be labeled and given to staff to store and apply as needed.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian’s name), give permission for The Open School staff to apply sunscreen and/or insect repellant accordingly and at their discretion to my child,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Child’s name), for his/her protection.

Parent/Guardian’s Signature: Date:

**PHOTOGRAPH PERMISSION SLIP**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian’s name), hereby authorize The Open School to take and use photographs of my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Child’s Name), in newspapers, brochures, classroom newsletters and bulletin boards, year-end slide-show, year-end photo DVD/flash drive/file sharing, or other printed materials without prior notice or compensation.

This “Photograph Permission Slip” does *not* include the Internet or The Open School website or Facebook. If my child’s photograph will be used on The Open School website or Facebook, I will sign a specific permission slip and be given notice at that time.

Parent/Guardian’s Signature: Date:

**WEBSITE/SOCIAL MEDIA/PUBLIC PHOTOGRAPH PERMISSION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian’s name), hereby authorize The Open School to take and use photographs of my child,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Child’s Name), to post to The Open School Facebook page, The Open School website, as well as in “Thank You” bulletins for community partners without prior notice or compensation.

Identifying names and “tags” will not be used when posting pictures, and pictures will be used showing children engaging in activities at school or on field trips.

**(This is an optional permission slip – do not sign if you do not authorize)**

Parent/Guardian’s Signature: Date: \_\_

Tell Us More About Your Child & Family

This information will help us get to know your child better

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Siblings: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_\_\_\_

 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_\_\_\_

 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_\_\_\_

 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Language Spoken in the home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any areas you or family members have expertise in or have knowledge about that you would be willing to share with the children at the Open School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anything that your child has experienced recently that you think is important for us to know? (new sibling, death, divorce, move, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Do you have any ideas you would like to share with the school to recognize and teach about your family’s culture, traditions, and/or celebrations?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anything you would like us to know about your child that would help us understand and get to know your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please tell us about your child’s interests: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your expectations for your child during the year(s) at The Open School? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child currently on an IEP (Individualized Education Plan)? Has your child ever been on an IEP? If so, please provide details that would be helpful for us to know about their IEP services.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THE OPEN SCHOOL**

**VOLUNTEER APPLICATION**

(to be completed by any person volunteering at The Open School or at school-sponsored activities/event)

Name: E-Mail Address:

Address: Cell Phone:

Home Phone: Work Phone:

Names(s)/Age(s) of Child(ren):

Please describe the ways in which you wish to volunteer at The Open School (select all that apply):

In the classroom: \_\_\_\_

At school events/parties: \_\_\_\_

On school field trips: \_\_\_\_

Assisting teachers with class prep, supplies, etc.: \_\_\_\_

Fundraisers: \_\_\_\_

School Maintenance: \_\_\_\_

Other (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a convicted felon? YES NO If Yes, please explain:

Have you ever been convicted of **any** crime involving a child under the age of 18 or related to children in any way? YES NO If Yes, please explain:

Policy Statement: Volunteers should abstain from volunteering at The Open School during any time when that individual has a communicable disease, is actively contagious, and presents a direct health/safety risk for students and employees of The Open School.

**By signing this form, I agree to comply with all of the policies and procedures of The Open School. I also hereby consent to a background check to ensure the appropriateness of my volunteering for The Open School.**

Signature Date

Name (Printed)

**VOLUNTEER APPLICATION AND AGREEMENT**

**Waiver of Liability**

This Waiver of Liability (the “Waiver”) executed on this \_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_, by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the “Volunteer”) in favor of The Open School, a nonprofit corporation organized and existing under the laws of the State of Wyoming, and both of their directors, officers, employees, and agents.

I, the Volunteer, desire to work as a volunteer for Open School and engage in the activities related to being a volunteer for a work project. I hereby freely and voluntarily, without duress, execute this Waiver under the following terms:

**1. Waiver and Release.** I, the Volunteer, release and forever discharge and hold harmless The Open School and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my volunteer work with The Open School. I understand and acknowledge that this Waiver discharges The Open School from any liability or claim that I, the Volunteer, may have against The Open School with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation at or for The Open School. I also understand that The Open School does not assume any responsibility for or obligation to provide financial assistance, reimbursement, or other assistance, including but not limited to medical, health, or disability insurance, in the event of injury, illness, death or property damage.

**2. Insurance.** I, the Volunteer, understand that I expressly waive any such claim for compensation, reimbursement, or liability on the part of The Open School beyond what may be offered freely by the representative of The Open School in the event of such injury or medical expense.

**3. Medical Treatment.** I hereby release and forever discharge The Open School from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my time with The Open School.

**4. Assumption of the Risk.** I understand that my time with The Open School may include activities that may be hazardous to me, including, but not limited to, construction activities, loading and unloading of heavy equipment and materials, and local transportation to and from the work sites. I hereby expressly and specifically assume the risk of injury or harm in these activities and release The Open School from all liability for injury, illness, death, or property damage resulting from the activities of my time with The Open School.

**5.** **Expenses**: I hereby agree any costs and/or expenses, of any nature, incurred while volunteering must be preapproved, in writing, by The Open School Director or The Open School Board President, before I, the Volunteer, or my agents make the purchase. This includes costs and expenses for time, materials, labor, subcontractors, and any work performed for The Open School. I understand that any costs or expenses incurred will be my responsibility unless approved, in writing, by the above-named individuals.

**6. Photographic Release.** I grant and convey unto The Open School all right, title, and interest in any and all photographic images and video or audio recordings made by The Open School during my work for The Open School, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

**7. Other.** I expressly agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the State of Wyoming in the United States of America, and that this Waiver shall be governed by and interpreted in accordance with the laws of the State of Wyoming. I agree that in the event that any clause or provision of this Waiver shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer’s Signature and Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Volunteer’s Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization (if applicable)

**ACKNOWLEDGMENT OF RECEIPT AND ACCEPTANCE OF**

**THE OPEN SCHOOL PARENT HANDBOOK**

I, (Name of Parent/Guardian), acknowledge that I have received a copy of, (hard copy or digital copy), *The Open School Parent Handbook*.

I understand that I am responsible for reading the Parent Handbook and understanding the policies and procedures contained in it. If I am unclear or uncertain about any policy or procedure, written or unwritten, I am obligated to ask the Director for further clarification on the matter.

By signing this form, I agree to abide by the policies and procedures contained in *The Open School Parent Handbook* while my child(ren) are in attendance at The Open School.

Parent/Guardian’s Signature: Date:

(**OPTIONAL: USE AS NEEDED)**

**MEDICATION ADMINISTRATION CONSENT FORM**

***A Medication Administration Consent Form must be completed for each medication requested to be administered to a student. Please refer to The Open School Parent Handbook for the Medication Administration Policy.*  *Parents/Guardians must provide specific instructions for the date and time the medication should be administered as well as the proper dosage to be administered.***

Name of Child:

Name of Medication:

Date Prescribed:

I, give permission to The Open

 (Parent/Guardian)

School to administer dose(s) of

 (number of doses) (name of medication)

to my child, , at a.m./p.m.

 (name of child) (time dose is due)

for: .

 (reason for medication)

Other Instructions:

Possible side effects to watch for:

Name and telephone number of Prescribing Physician:

I agree the “Release of Legal Liability & Indemnity Agreement” that I signed when I enrolled my child in The Open School applies to the administration of medication to my child.

Parent/Guardian signature: Date:

Staff signature:

**RECORD OF MEDICINE ADMINISTRATION**

The above-described medication was administered as follows:

Date(s) of Administration:

Time(s) of Administration:

Amount(s) of Dosage:

Signature of Person Administering Medication:

(**OPTIONAL: USE AS NEEDED)**

**PARENT/GUARDIAN/TEACHER/BOARD COMMUNICATION FORM**

 The Open School is committed to open communication between parties (parents, guardians, teachers, and Board of Directors). In order to make this communication process easier, this form has been developed to address your concerns; to generate a specific suggestion; or to provide a new idea related to The Open School. Please complete this form and give it to your child’s Teacher or the Director to begin the discussion process. We welcome your involvement! Thank you!

I/We, , have a concern, suggestion, and/or idea about an issue involving The Open School and would like to discuss it with the appropriate individuals (Board, Teachers, Parent, Guardian, etc.) as soon as possible.

⬜ A specific problem, as well as a suggestion on how to resolve it:

⬜ A suggestion for improvement, or a new idea:

Parent/Guardian’s Signature: Date: